

BlueOptions
For Large Groups
Lower Premium Health Benefit Plan 03900



Summary of Benefits for Covered Services Amount Member Pays
In-Network Out-of-Network

Financial Features		
Deductible (NEM DED)¹ (PBP)² (DED is the amount the member is responsible for before Florida Blue pays)	\$2,000 per person NA per family	\$4,500 per person NA per family
Coinsurance (Coinsurance is the percentage the member pays for services)	30% of the allowed amount	50% of the allowed amount
Out-of-Pocket Maximum (EM OOP)³ (PBP) (Out-of-Pocket Maximum includes DED, Coinsurance, Copayments and Prescription Drugs)	\$6,350 per person \$12,700 per family	\$20,000 per person \$20,000 per family
Office Services		
Virtual Visits⁴ Primary Care Physician Specialist	\$35 Copay \$50 Copay	Not Covered Not Covered
Physician Office Services Value Choice Primary Care Physician ⁵ Value Choice Specialist ⁵ Primary Care Physician Specialist	\$35 Copay \$50 Copay \$35 Copay \$50 Copay	DED + 50% DED + 50% DED + 50% DED + 50%
Maternity (Cost Share for initial visit only) Primary Care Physician Specialist	\$35 Copay \$50 Copay	DED + 50% DED + 50%
Allergy Injections (per visit) Primary Care Physician Specialist	\$10 Copay \$10 Copay	DED + 50% DED + 50%
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine)	\$200 Copay	DED + 50%
Medical Pharmacy - Physician-Administered Medications (applies to Office Setting and Specialty Pharmacy Vendors) Monthly Out-of-Pocket (OOP) Maximum⁶ Preferred Non-Preferred Provider Preferred Non-Preferred	\$200 Combined with Preferred OOP 20% 20%	NA NA DED + 50% DED + 50%
Important Note: Physician-Administered Medications require the administration to be performed by a health care provider. The medications are ordered by a provider and administered in an office or outpatient setting. Physician-Administered medications are covered under the <i>medical benefit</i> . Please refer to the Physician-Administered medication list in the Medication Guide for a list of drugs covered under this benefit.		

¹NEM DED = Deductible is Non-Embedded: Deductible is shared for all individuals on the family plan. / ²PBP = Per Benefit Period / ³EM OOP = Out-of-Pocket Maximum is Embedded: A covered family member's out-of-pocket costs are capped at the individual out-of-pocket maximum amount on the family plan. / ⁴Virtual Visit services are only covered for In-Network providers. / ⁵Value Choice Providers are only available in select counties. See the Agent Toolkit for a full list of counties where they are available. / ⁶In-Network Medical Pharmacy will be paid at 100% for the remainder of the calendar month once OOP max is met.

Note: Out-of-Network services may be subject to balance billing.

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Preventive Care		
Routine Adult & Child Preventive Services, Wellness Services, and Immunizations	\$0 Copay	50%
Mammograms	\$0 Copay	\$0 Copay
Colonoscopy (Routine for age 45+)	\$0 Copay	\$0 Copay
Emergency Medical Care		
Urgent Care Centers		
Value Choice Provider ⁵	\$60 Copay	DED + \$60 Copay
All Other Providers	\$60 Copay	DED + \$60 Copay
Emergency Room Facility Services ⁷ (per visit) (cost share waived if admitted)	\$200 Copay	\$200 Copay
Ambulance Services	DED + 30%	INN DED + 30%
Outpatient Diagnostic Services		
Independent Diagnostic Testing Facility Services (per visit) (e.g. X-rays) (Includes Provider Services)		
Diagnostic Services (except AIS)	DED + 30%	DED + 50%
Advanced Imaging Services (AIS) (MRI, MRA, PET, CT, Nuclear Medicine)	DED + 30%	DED + 50%
Independent Clinical Lab (e.g., Blood Work)	\$0 Copay	DED + 50%
Outpatient Hospital Facility Services (per visit) (e.g., Blood Work and X-rays)		
Option 1	\$300 Copay	DED + 50%
Option 2	\$400 Copay	DED + 50%
Hospital / Surgical		
Ambulatory Surgical Center Facility (ASC)	DED + 30%	DED + 50%
Outpatient Hospital Facility Services (per visit)		
Therapy Services Option 1	\$45 Copay	DED + 50%
Option 2	\$60 Copay	DED + 50%
All other Services Option 1	\$300 Copay	DED + 50%
Option 2	\$400 Copay	DED + 50%
Inpatient Hospital Facility and Rehabilitation Services ⁷ (per admit)		
Option 1	\$1,500 Copay	DED + 50%
Option 2	\$2,500 Copay	DED + 50%

⁵Value Choice Providers are only available in select counties. See the Agent Toolkit for a full list of counties where they are available. / ⁷If admitted as an Inpatient from the Emergency Room member pays the Option 1 In-Network Hospital cost share.

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Amount Member Pays

Summary of Benefits for Covered Services	In-Network	Out-of-Network
Mental Health / Substance Dependency		
Virtual Visits⁴		
Primary Care Physician	\$0 Copay	Not Covered
Specialist	\$0 Copay	Not Covered
Physician Office Services		
Primary Care Physician	\$0 Copay	50%
Specialist	\$0 Copay	50%
Emergency Room Facility Services⁷ (per visit) (cost share waived if admitted)	\$0 Copay	\$0 Copay
Outpatient Hospitalization Facility Service (per visit)		
Option 1	\$0 Copay	50%
Option 2	\$0 Copay	50%
Inpatient Hospitalization Facility Services⁷ (per admit)		
Option 1	\$0 Copay	50%
Option 2	\$0 Copay	50%
Other Special Services		
Combined Outpatient Cardiac Rehabilitation and Occupational, Physical, Speech and Massage Therapies and Spinal Manipulations		
Outpatient Rehabilitation Therapy Center	\$50 Copay	DED + 50%
Outpatient Hospital Facility Services (per visit) Option 1	\$45 Copay	DED + 50%
Option 2	\$60 Copay	DED + 50%
Durable Medical Equipment, Prosthetics and Orthotics	DED + 30%	DED + 50%
Home Health Care	DED + 30%	DED + 50%
Skilled Nursing Facility	DED + 30%	DED + 50%
Hospice	DED + 30%	DED + 50%

⁴Virtual Visit services are only covered for In-Network providers. / ⁷If admitted as an Inpatient from the Emergency Room member pays the Option 1 In-Network Hospital cost share.

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Important: To ensure quality care and to help you get the most value from your plan benefits, for certain medical services **you need to get an approval** from Florida Blue before your service or you'll have to **pay the entire cost** for the service. **Before an appointment**, visit floridablue.com/Authorization or call the toll-free number on your member ID card to see if a prior approval is needed and your next steps.

Benefit Maximums	
Home Health Care	10 Visits PBP
Inpatient Rehabilitation Therapy	30 Days PBP
Outpatient Therapy	25 Visits PBP
Spinal Manipulations	26 PBP (accumulates towards the Outpatient Therapy maximum)
Skilled Nursing Facility	60 Days PBP

Additional Benefits and Features

- We encourage you to call the care consultants team at 1-888-476-2227 to find out more about your benefits and/or treatment options. This can help you save time and money.
- You have online access to everything about your health benefit plan as well as all of our self-service tools at floridablue.com.
- Go to floridablue.com, click on **Find a Doctor** and follow the on-screen directions to easily find a doctor in your plan's network and you don't need a referral to see a participating provider.

Prescription Drug Program

In the event your Group has purchased pharmacy coverage from Florida Blue, you'll find a Pharmacy Program information sheet enclosed. Please review it carefully, as you'll find it contains an overview of your benefits and how to utilize them. Important Note: Your health plan may include prescription drug coverage that only provides coverage at Exclusive Pharmacies except for emergency situations.

Access to Our Strong Networks

NetworkBlueSM is the Preferred Provider Network designated as "In-Network" for BlueOptions. While In-Network providers remain the best value, members are still **protected from balance billing** if they go Out-of-Network to someone who is part of our Traditional Provider Network. You may also receive **out-of-state coverage through the BlueCard[®]** Program with access to the participating providers of independent Blue Cross and/or Blue Shield organizations across the country.

Physician Discount

Many NetworkBlue physicians offer BlueOptions members a rate which is at least 25 percent below the usual fees charged for services that are **not Covered Services** under your health plan. By taking advantage of this discount, you get the care you need from the doctor you trust. However, Florida Blue does not guarantee that a physician will honor the discount. Since you pay out-of-pocket for any non-covered services, it's your responsibility to discuss the costs and discounted rates for non-covered services with your physician **before** you receive services. 'Physician Discount' is not part of your insurance coverage or a discount medical plan. For more information, please refer to the online Provider Directory at floridablue.com.

This is not an insurance contract or Benefit Booklet. This Benefit Summary is only a partial description of the many benefits and services provided or authorized by Florida Blue. This does not constitute a contract. For a complete description of benefits and exclusions, please see the Florida Blue BlueOptions Benefit Booklet and Schedule of Benefits; its terms prevail.

BlueScript Pharmacy Benefits - Generic Choices For BlueOptions Plans (Home Delivery Available)

The BlueOptions® health benefit plan your employer is offering you is paired with our BlueScript® Pharmacy Program. This program will provide you with coverage for insulin and certain Generic and Brand Name Drugs and Supplies and select Over-the-Counter Drugs when purchased through an Exclusive Pharmacy. To verify if a Pharmacy is an Exclusive Pharmacy, you may access the Pharmacy Program Provider Directory on our website at www.floridablue.com or call the customer service phone number on your ID Card. You may also be able to receive more savings on prescription drugs by purchasing your drugs through the home delivery program.

See below for your specific plan details.

Drug Tier	In-Network Retail (One-Month Supply)	In-Network Home Delivery (Three-Month Supply)	Out-of-Network
Generic Prescription Drugs and Supplies, insulin and Covered OTC Drugs	\$10	\$25	Not Covered
Select Brand Name Prescription Drugs*	20% of the Allowance or \$50, whichever is greater up to a maximum of \$200	20% of the Allowance or \$125, whichever is greater up to a maximum of \$500	Not Covered
Non-Preferred Prescription Drugs	Not Covered	Not Covered	Not Covered

*Cancer and HIV

Advantages of our Pharmacy Program

With our BlueScript Generic Choices Pharmacy Program, you'll receive coverage for insulin and certain Generic and Brand Name Drugs and Supplies and select Over-the-Counter Drugs when purchased through an Exclusive Pharmacy.

Generic Prescription Drugs

You pay a lower cost for Generic Prescription Drugs. If you request a covered Brand Name Prescription Drug when a Generic is available, you will be responsible for:

1. The coinsurance applicable to covered Brand Name Prescription Drug as indicated on the BlueOptions Schedule of Benefits; and
2. The difference in cost between the Generic Prescription Drug and the covered Brand Name Prescription Drug you received.

More Convenient Than Ever

Take your prescriptions to an Exclusive Pharmacy to have them filled. Or, if you are taking a prescription medication on an ongoing basis and don't want to go to the Pharmacy each month for refills, you have a couple of convenient options:

1. Your doctor can prescribe a three-month supply and you can have it filled at select Exclusive retail pharmacies. A three-month out-of-pocket cost (copay, coinsurance, and/or deductible) applies.
2. For additional savings, fill prescriptions via our home delivery program. This program allows covered members taking prescription drugs to receive up to a three-month supply for one home delivery Copay or coinsurance. To learn more about home delivery services, call the number on the back of your member ID card and say, "pharmacy." Or log on to your Florida Blue member account and see the Pharmacy Section under My Plan.

Vaccines at the Pharmacy

Certain vaccines which are covered under your wellness benefits can be administered at an Exclusive Retail Pharmacy by Pharmacists that are certified.

Contraceptive Coverage

Generic contraceptives, such as diaphragms, oral contraceptives and contraceptive patches are covered under your pharmacy benefit and are available at no cost to you. These contraceptives must be prescribed and obtained from an Exclusive Pharmacy.

Diabetic Supplies

Diabetic supplies such as blood glucose testing strips and tablets, lancets, blood glucose meters, and acetone test tablets and/or syringes and needles are covered under your pharmacy benefit. Diabetic supplies require a prescription and can be obtained from an Exclusive Pharmacy.

Medication Guide

The Generic Choices Medication Guide, is available online at floridablue.com. Changes in the formulary can occur over time and the most up-to-date listing can always be found by viewing the Medication Guide online or by calling the customer service number listed on your member ID card. For the hearing impaired, call Florida

TTY Relay Services 711. The Medication Guide also identifies specialty drugs, and drugs requiring prior authorization. When reviewing the Drug List with your doctor, ask your provider to consider a prescription drug from the Medication List, particularly a Generic Prescription Drug.

Pharmacy Options Affect Your Out-of-Pocket

There are two different types of pharmacies for you to be aware of as you decide where to get your prescriptions filled—retail pharmacies and specialty pharmacies. To save the most money, before you get a prescription filled you should confirm which pharmacy is considered 'in-network' for that particular medication.

- **Exclusive Retail Pharmacy Network**

Non-specialty 'Generic' medications and 'Brand Name' medications listed on the Medication Guide can be filled at Exclusive pharmacies. If you go to a non-participating pharmacy, you will pay the entire cost of your prescription.

- **Specialty Pharmacy Network**

We have identified certain drugs as specialty drugs due to requirements such as special handling, storage, training, distribution, and management of the therapy. These drugs are listed as a Specialty Drug with "SP" in the Medication Guide. To be covered under your pharmacy program they must be purchased at a participating Specialty Pharmacy. These pharmacies are different than the retail pharmacies and are identified in both the Provider Directory and the Medication Guide. If you go to a non-participating pharmacy, you will pay the entire cost of your prescription.

- **Non-Participating Pharmacy**

You will be responsible for the full cost of the medication for prescription drugs filled at a Non-Participating pharmacy. Drugs or supplies purchased from Non-Participating Pharmacies are covered only for Emergency Services.

Utilization Management/Responsible Rx Programs

Prior Coverage Authorization

Drugs selected for Prior Coverage Authorization (PA) may require that specific clinical criteria be met before the drugs will be covered under your pharmacy benefit. The list of drugs requiring Prior Authorization is located in the Medication Guide. Florida Blue reserves the right to change the drugs that require PA at any time and for any reason.

Responsible Quantity

Drugs included in this program allow a maximum quantity per time

period. Quantity limits are typically developed based upon FDA-approved drug labeling and nationally recognized therapeutic clinical guidelines. The list of drugs that have quantity limits are designated in the Formulary List with a "QL" following the product name. Florida Blue reserves the right to change the Drugs and the quantity limits subject to the Responsible Quantity Program at any time and for any reason. In cases where a larger quantity of a Responsible Quantity Drug is medically required, your doctor or health care provider can request an override. Responsible Quantity override forms are available at floridablue.com.

Responsible Steps

Drugs included in this program require that you try another designated prerequisite drug first before a drug listed in the Responsible Steps Medication Chart will be covered. If due to medical reasons you cannot use the prerequisite drug and require the Responsible Steps Medication, your doctor or health care provider may request prior authorization for an override. If the override request is approved, coverage will be provided for the Responsible Steps Medication. These medications are designated in the Formulary List with "ST" following the product name. Medications included in the Responsible Steps Program are listed in the Medication Guide. Florida Blue reserves the right to change the drugs subject to the Responsible Steps Program at any time and for any reason.

Drugs that are Not Covered

Any drug that is not included in the Generic Choices Medication Guide is not covered under this pharmacy plan. Some reasons a medication may not be covered are:

- The drug has been shown to have excessive adverse effects and/or safer alternatives are available.
- The drug has a preferred formulary alternative.

For drugs not covered you have access to a prescription savings discount card. With the discount card program, you will receive special discounted pricing at select participating pharmacies. This card provides savings for you or any of your family members on medications that are not covered under your BlueScript pharmacy benefit. The discount program is not an insurance product or part of your health benefit plan. For more information, log in to your account at floridablue.com. Go to My Plan and then Pharmacy to find the link to Prescription Drug Savings Card. You can also call the customer service number on the back of the member ID card.

Health insurance is offered by Blue Cross and Blue Shield of Florida, Inc., DBA Florida Blue. Florida Blue is an Independent Licensee of the Blue Cross and Blue Shield Association. Florida Blue does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.